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CONFIRMATION NO. 6977

<b>SERIAL NUMBER</b> 10/748,154	<b>FILING OR 371(c) DATE</b> 12/31/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 49425
<b>APPLICANTS</b> David Siever, Edmonton, CANADA; <i>EB</i> <b>** CONTINUING DATA *****</b> <i>EB</i> <b>** FOREIGN APPLICATIONS *****</b> <i>EB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/28/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> <i>EB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 17
			<b>INDEPENDENT CLAIMS</b> 5	
<b>ADDRESS</b> 02048 <span style="float: right;">AIR MAIL</span>				
<b>TITLE</b> Stimulation of central nervous system				
<b>FILING FEE RECEIVED</b> 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	